GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2814
ANSWERED ON:19.03.2008
IMPLEMENTATION OF RNTCP
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there are any States where the Revised National Tuberculosis Control Programme (RNTCP) has been more effectively implemented as compared with other States;

(b) if so, the details thereof and the reasons therefor; and

(c) the steps taken by the Government to streamline the effective implementation of RNTCP in all the States of the country?

Answer

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a)&(b): Revised National TB Control Programme (RNTCP) is being implemented uniformly in all states throughout the country as laid out in the technical and operational guidelines for RNTCP. The Programme is achieving global target of 85% cure rate consistently over the years and a case detection rate of 70% has been achieved in 2007.

(c): The Revised National TB Control Programme (RNTCP) is being implemented as a 100% Centrally Sponsored Scheme and the entire country is implementing the programme. Under the Programme, diagnosis and treatment facilities including a supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac populatioin in the normal areas and for every 50,000 population in the tribal, hilly and difficult areas. Sputum microscopy instead of X-ray avoids over diagnosis and identifies infectious cases. More than 12000 microscopy centres have been established in the country. Drugs are provided to the TB patients in patient wise boxes to ensure that all drugs for full course of treatment are earmarked the day a patient is registered for treatment under the programme. Treatment centres (DOT centres) have been established near to residence of patients to the extent possible. All government hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs), Sub-centres are DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres. Drugs are provided under direct observation and the patient are monitored so that they complete their treatment.

To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, Corporate hospitals, private practitioners and NGOs in the programme.